

(9/1/2009)

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA
WINSTON SALEM DIVISION**

In re:

JEFFREY MICHAEL STANLEY
WENDY MICHELLE STANLEY

Debtor(s)

SSN(1) XXX-XX-5472 SSN(2)
XXX-XX-9017

Case No. 09-50008

Judge Thomas W. Waldrep Jr.

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Kathryn L. Bringle, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/05/2009.
- 2) The plan was confirmed on 04/09/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 03/03/2011.
- 6) Number of months from filing to last payment: 26.
- 7) Number of months case was pending: 28.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$29,399.29
Less amount refunded to debtor	\$0.00

NET RECEIPTS:**\$29,399.29****Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$2,808.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,770.62
Other	\$32.00

TOTAL EXPENSES OF ADMINISTRATION:**\$4,610.62**

Attorney fees paid and disclosed by debtor:	\$192.00
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Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ALLERGY & ASTHMA CENTER	Unsecured	55.00	55.00	NA	0.00	0.00
BRANCH BANKING & TRUST COMPA	Unsecured	12,766.25	12,766.25	12,766.25	0.00	0.00
BRANCH BANKING & TRUST COMPA	Unsecured	720.59	724.09	724.09	0.00	0.00
CAROLINA HEALTH SPECIALIST	Unsecured	12.60	12.60	NA	0.00	0.00
CAROLINA RADIOLOGY	Unsecured	19.00	19.00	NA	0.00	0.00
CHAIR CITY FAMILY PRACTICE/	Unsecured	1,046.00	872.00	872.00	0.00	0.00
CITIFINANCIAL	Unsecured	5,000.00	5,000.00	NA	0.00	0.00
CORNERSTONE	Unsecured	30.00	30.00	NA	0.00	0.00
CREDIT CONSULTANTS OF CENTRAL	Unsecured	161.00	161.00	NA	0.00	0.00
DAVIDSON COUNTY TAX COLLECTO	Priority	NA	9.73	9.73	0.00	0.00
DAVIDSON RADIOLOGY	Unsecured	32.65	32.65	NA	0.00	0.00
ECAST SETTLEMENT CORP ASSIGNE	Unsecured	1,149.00	1,172.64	1,172.64	0.00	0.00
EMERGENCY PHYSICIANS GROUP	Unsecured	NA	98.00	98.00	0.00	0.00
FAMILY MEDICINE ASSOC THOMASV	Unsecured	75.00	100.00	100.00	0.00	0.00
FORD MOTOR CREDIT COMPANY LL	Unsecured	10,000.00	8,688.31	8,688.31	0.00	0.00
FORSYTH MEDICAL GROUP	Unsecured	262.00	262.00	NA	0.00	0.00
GRAND STRAND MED CTR	Unsecured	145.57	145.57	145.57	0.00	0.00
HIGH POINT FOOT CENTER	Unsecured	177.00	177.00	NA	0.00	0.00
HIGH POINT REGIONAL HOSPITAL	Unsecured	4,000.00	4,000.00	NA	0.00	0.00
HOUSEHOLD REALTY CORPORATION	Secured	NA	1,794.28	1,794.28	326.77	0.00
HOUSEHOLD REALTY CORPORATION	Secured	27,103.00	32,045.44	0.00	8,139.07	0.00
JOHNSON NEUROLOGICAL CLINIC	Unsecured	22.65	113.25	113.25	0.00	0.00
KENT ORAL & MAXILLOFACIAL SUR	Unsecured	105.60	105.60	NA	0.00	0.00
MARSH ASSOCIATES INC	Secured	70,000.00	80,530.25	0.00	14,472.28	0.00
MARSH ASSOCIATES INC	Secured	NA	9,700.39	9,700.39	1,766.55	0.00
NOVANT HEALTH	Unsecured	2,133.89	1,661.09	1,661.09	0.00	0.00
NOVANT HEALTH	Unsecured	2,942.95	2,942.95	NA	0.00	0.00
REGISTER OF DEEDS	Priority	NA	14.00	28.00	28.00	0.00
REGISTER OF DEEDS	Priority	NA	28.00	56.00	56.00	0.00
SOUTHGATE VETRINARY HOSPITAL	Unsecured	180.07	180.07	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
THOMASVILLE MEDICAL	Unsecured	406.00	406.00	NA	0.00	0.00
THOMASVILLE MEDICAL	Unsecured	360.00	360.00	NA	0.00	0.00
THOMASVILLE MEDICAL ASSOCIATE	Unsecured	284.80	281.00	281.00	0.00	0.00
THOMASVILLE MEDICAL CENTER	Unsecured	406.00	1,845.00	1,845.00	0.00	0.00
THOMASVILLE PEDIATRICS	Unsecured	20.00	20.00	NA	0.00	0.00
TIME WARNER CABLE	Unsecured	88.00	88.67	88.67	0.00	0.00
WARR DENTAL ASSOCIATES	Unsecured	275.00	275.00	NA	0.00	0.00
WELLS FARGO FINANCIAL NC INC	Unsecured	1,154.75	1,716.44	1,716.44	0.00	0.00

Summary of Disbursements to Creditors:

	Claim <u>Allowed</u>	Principal <u>Paid</u>	Interest <u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$22,611.35	\$0.00
Mortgage Arrearage	\$11,494.67	\$2,093.32	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$11,494.67	\$24,704.67	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$93.73	\$84.00	\$0.00
TOTAL PRIORITY:	\$93.73	\$84.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$30,272.31	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$4,610.62</u>	
Disbursements to Creditors	<u>\$24,788.67</u>	
TOTAL DISBURSEMENTS :		<u>\$29,399.29</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 05/12/2011

By: /s/ Kathryn L. Bringle

Trustee

xc JEFFREY MICHAEL STANLEY
WENDY MICHELLE STANLEY
U.S. BANKRUPTCY ADMIN
JAMES L TENNANT
10821 NORTH MAIN STREET
P O BOX 4585
ARCHDALE, NC 27263

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.